

STATEWIDE EVALUATION SYSTEM

INSTRUCTIONS FOR COMPLETING INTERVENTION PLANS AND QUARTERLY INTERVENTION REPORTS

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VCU Survey and Evaluation Research Laboratory
Virginia Commonwealth University
804-828-8813 (p) 804-828-6133 (f)

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VIRGINIA HIV/AIDS PREVENTION EDUCATION STATEWIDE EVALUATION SYSTEM

INSTRUCTIONS FOR COMPLETING INTERVENTION PLANS AND REPORTS

Agencies receiving prevention funding from the Virginia Department of Health, Division of HIV/STD are expected to develop community-based projects designed to contribute to the reduction of HIV infection within a designated geographic area, in accordance with demonstrated need.

In all grant applications, programs are required to submit a narrative describing the planned interventions, as well as develop a set of specific goals and objectives through which to make programmatic and funding decisions. Quarterly narrative reports are submitted to VDH to provide a process record about the implementation of goals and objectives.

This year, funded agencies are also required to complete an Intervention Plan using a standardized worksheet for each intervention proposed in your grant application. Two worksheets have been created that programs are to complete; Worksheet 1 provides an overview of all interventions that your agency will implement; and Worksheet 2 which captures estimates on specific aspects of each intervention. A separate Worksheet 2 must be completed for each funded intervention. This information will be used by VDH as baseline data for the evaluation system.

Companion Quarterly Intervention Report worksheets have been developed to report quarterly utilization data that reflect progress to date on implementing the planned interventions. Quarterly narrative reports provide the discussion which provides the context for interpreting the Quarterly Intervention Reports. These reports replace the quarterly demographic logs that contractors have been completing.

This document provides an overview and instructions for completing the Annual Plan Worksheets and the Quarterly Intervention Reports.

KEY DEFINITIONS:

Intervention: A specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common method of delivering the prevention messages. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation. This requires that the intervention have a: 1) focus on risk reduction; 2) defined target population and risk behavior; 3) measurable process and outcome objectives, and 4) written protocol/curriculum.

Examples: Individual level education, Intensive Street Outreach, Hotlines. All interventions are defined in the Taxonomy of Virginia's Interventions.

Annual Plan: Your proposed interventions which you intend to implement when funding is received. The Annual Plan requires you to list the number and type of interventions which you are requesting funding for, as well as specify, to the extent possible, the planned activities, participant characteristics, and outcome of each intervention.

Quarterly Intervention Report: A quarterly summary of the interventions conducted during the specified quarter and the number and characteristics of the participants who attended the intervention activities during the quarter.

Population's Targeted: Your intervention is designed to reach a specific population addressing a specific risk behavior.

Population's Reached: Intervention participants are not initially the population targeted for this intervention.

INSTRUCTIONS FOR COMPLETING THE ANNUAL PLAN

To help us define your interventions in concert with others from across the state, we have created two worksheets that will capture information in a uniform manner. Complete one set of worksheets for each different grant program. You should complete one Worksheet 1 as the summary of your planned interventions. You will complete multiple versions of Worksheet 2, depending on the number of interventions planned.

Worksheet 1 – List of Interventions, **please provide a complete list of all HIV-related interventions which you expect to conduct under the grant program that you have checked at the top of the worksheet.** In listing interventions, please use the name as identified in Virginia’s Taxonomy of Interventions located in the appendices of this document as well as included in all Requests for Proposals (RFP). Every intervention must be categorized according to the Taxonomy. If you have difficulty placing your intervention into one of the stated categories, please call your contract officer at VDH.

Worksheet 2 summarizes expected plans and participant targets for interventions. Similar information will need to be collected throughout the course of the intervention in order to report quarterly progress.

NOTE: A separate Worksheet 2 is expected for **EACH INTERVENTION** indicated on **Worksheet 1: List of Interventions**. Make as many copies of the appropriate worksheets as needed and include these with the continuation proposal.

Remember: Separate out interventions based on the specific target audience and the targeted risk behavior. **Example:** You may be planning to conduct intensive street outreach, however in thinking about the implementation, you will be focusing in different locations. You have chosen these locations because of a known high-risk population. In one location, you may be targeting men who have sex with men. In the second location, the risk may be injection drug users. The information and approach you will use in each location will differ, as the risk behaviors are different. You should consider this program of intensive street outreach as consisting of two (2) interventions and note 2 beside Intensive Street Outreach on Worksheet 1 and then complete two Worksheet 2b, as the estimated populations, settings and client demographics will differ between the two interventions.

For each intervention proposed, please complete one of the four versions of **Worksheet 2 - Intervention Information**. The four versions of the Intervention Information worksheet are designed to meet the planning needs for each of the three major categories of interventions as noted in the Taxonomy (Counseling and Testing, Health Education/Risk Reduction, Outreach and Health Communication/Public Information). Complete a separate form for each intervention reported on Worksheet 1. ***For example:*** If you are planning to conduct 2 interventions, Basic Street Outreach and Intensive Street Outreach – you must complete 2 separate Worksheets 2c – Outreach. Each of these interventions will have different plans related to the setting, target audience, and estimated number of participants.

INSTRUCTIONS AND DEFINITIONS FOR COMPLETING WORKSHEET 1: LIST OF INTERVENTIONS

Worksheet 1: asks for a summary of the proposed HIV prevention programs that will be funded under a specific grant.

Agency Name: Please record your agency's name in the top right corner of Worksheet 1. This name should be the same as the agency submitting the proposal to this grant program.

Dates Covered: Please check the year(s) for this proposed intervention. This date should cover the requested funding period of January to December or July to June.

Grant Program: Please check the grant program under which you are seeking or receiving funding for the interventions listed on Worksheet 1. This should be the name that VDH notes on their Request for Proposals or letter of continuation.

Agency Type: Select from the options the one agency type that best identifies your agency. If none of the options seems appropriate, please check "Other" and write in what phrase best describes the agency.

Intervention(s): Using the taxonomy as a guide, please list each of the interventions that are part of the HIV prevention program in the middle column and state the number of each type in the right hand column. An HIV prevention program may consist of either a single intervention or two or more interventions serving a particular population. Remember that an intervention is a specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common method of delivering the prevention messages.

EXAMPLE OF WORKSHEET 1 ENTRY:

On Worksheet 1 you are a CBO that conducts an HIV prevention program that contains both street outreach and a media campaign. Your street outreach consists of intensive street outreach which will target a neighborhood known for a high rate of injecting drug users as well as a second street outreach component that seeks to engage men who have sex with men. There are two distinct target audiences and risk behaviors for the street outreach component, therefore these are two interventions. Similarly, although the street outreach and the media campaign are both targeting men who have sex with men, each one has distinct process and outcome objectives and is implemented in a distinct way. The entry on Worksheet 1 would look something like the following:

INTERVENTION(S) THAT WILL BE IMPLEMENTED UNDER THE ABOVE GRANT	CHECK IF YOU WILL IMPLEMENT	HOW MANY OF EACH TYPE OF INTERVENTION WILL YOU IMPLEMENT? (INDICATE # AND COMPLETE SAME # OF WORKSHEET 2S.)
Counseling and Testing		
Counseling and Testing	<input type="checkbox"/>	
Referral	<input type="checkbox"/>	
Partner Counseling and Referral services	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	
Health Education/Risk Reduction		
Individual Level Intervention (ILI).....	<input type="checkbox"/>	
Prevention Case Management (PCM).....	<input type="checkbox"/>	
Group Level Intervention (GLI).....	<input type="checkbox"/>	
Community Level Intervention (CLI)	<input type="checkbox"/>	
OUTREACH	<input type="checkbox"/>	
Basic Street/Community Outreach ...	<input type="checkbox"/>	
Intensive Street/Community Outreach	<input type="checkbox"/>	2
Facilitative Street/Community Outreach	<input type="checkbox"/>	
Collaborative Street/Community Outreach	<input type="checkbox"/>	
Health Communication/Public Information		
Presentations/Lectures	<input type="checkbox"/>	
Mass Media	<input type="checkbox"/>	1
Health/Community Fairs	<input type="checkbox"/>	
Hotlines	<input type="checkbox"/>	
Social Marketing	<input type="checkbox"/>	

INSTRUCTIONS AND DEFINITIONS FOR COMPLETING WORKSHEET 2:

Worksheet 2: asks for a summary of the plans and participant targets for interventions.

There are four variations of Worksheet 2, one for each category of interventions. These are as follows:

- Worksheet 2a: Counseling and Testing
- Worksheet 2b: Health Education/Risk Reduction
- Worksheet 2c: Outreach
- Worksheet 2d: Health Communication/Public Information

You will need to complete a separate Worksheet 2 for each intervention planned. Worksheet 2 captures more specific information about the intervention(s) that will be conducted as part of your HIV prevention program. The total number of Worksheet 2s should equal the total number of interventions recorded on Worksheet 1 in the right-hand column.

Continuing with the example on page 6 – this agency would need to complete **three** Worksheet 2s – two Worksheets 2c, one for each of the outreach interventions and a Worksheet 2d for the Mass Media intervention.

Following are instructions and definitions for the items on each of four versions of Worksheet 2. Each item name is followed by the worksheet(s) on which the item is located. You will notice that many of the items are on each version of the Intervention Worksheet 2 (a, b, c and d). Where the item is on all worksheets, the notation ***ALL*** is bracketed next to the item. Where an item is on only one, two or three of the worksheets, the worksheet identifier (2a, 2b, 2c or 2d) is bracketed next to the item.

ITEM DEFINITIONS:

Agency Name: [ALL] Located in the top left corner of the worksheet. Please record your agency's name in the top left corner of Worksheet 2. This name should be the same as the agency name reported on Worksheet 1.

Intervention Name: [ALL] Located in the top right of the worksheet. This should be the name your agency uses when discussing the intervention. This should be the name that you use in your reports and in discussions regarding the intervention.

Target Population: [ALL] Located at the top of the worksheet. This should be the same population targeted that is indicated on your workplan.

Process Objective: [ALL] Located at the top of the worksheet. This should be the process objective number identified for this intervention in your workplan.

Category: [ALL] In this section, please check the **one** box that is appropriate for the intervention. (If more than one category is relevant, then you will need to complete a separate Worksheet 2 for each intervention category.)

[2a only]: Counseling and Testing: If there is some component related to Counseling and Testing that you do not feel is adequately addressed by one of these categories, please check “other” and provide a description. You are also asked for the ***Estimated Number of individuals in each of the listed groups.***

Activities: [2a only] In this section, **if** your intervention includes testing, please indicate the type of testing that you will be providing. **IF** you will be providing referrals, please

check the type of sites where you have established a process for referrals. You should check all that apply.

Setting: [2a, 2b and 2c only] Check the **primary** site(s) in which this intervention will be conducted. You should check all that apply.

Method: [2d only] Check the box(es) that are appropriate for the intervention.

- Electronic media - the use of television or radio for public service announcements, news broadcasts, or paid advertising. Do not include email, Internet or other technologies.
- Print media – the use of print materials to disseminate HIV prevention messages to a large-scale audience. These materials may include press releases, articles, direct mailings, billboards or transportation signage.
- Clearinghouse - Interactive electronic outreach systems using telephones, mail and computer technology to provide a responsive information service to the general public as well as high-risk populations.

Partners: [2d only] Interventions in this category often are conducted in partnership with others. Please note the number of partners you will work with to conduct the intervention. If none, please record a zero.

Frequency of contacts: [2b, 2c and 2d only] The first question relates to the planned frequency of contact with the individual participants. If the curriculum of the intervention calls for multiple sessions, please indicate the number of sessions required to complete the intervention. The second question refers to the number of times the intervention will be repeated, or started again, throughout the year. For example, if your intervention is Intensive Street Outreach, with a plan of conducting repeated contacts with participants over the course of a 4-month period. Then, in the 5th month you will start the cycle again in a different area or with different participants, you would note that the intervention will be conducted two times. Many interventions, such as basic street outreach, are ongoing. For some, such as HIV101 programs, the initiation of the intervention may be more reactive to a request to conduct an education program - in this case, you can check unknown.

Targets for Intervention: [ALL] There are two types of targets for interventions. One way interventions may be defined is based on the risk behaviors the intervention addresses. For this target group, CDC requires that you specify the **primary** risk, as well as any **secondary** risk. For **Risk Behaviors** – note that the risk for exposure to HIV is the focus of this item, not other characteristics of the risk population. The behavior that the intervention addresses (e.g., condom use with a partner of the opposite sex) will identify the primary risks of that population.

Some interventions **do not** target a specific risk behavior, but are designed to address issues related to the characteristics of a specific population. For identity-based target populations (e.g., “Hispanic adults” or “youth”) please check the appropriate box.

Risk Behavior Targets: In this section, please check the risk population(s). The risk categories reflect the routes of potential exposure to HIV that correspond to particular risk behaviors. If the curriculum of the intervention does not specifically target a risk behavior, please check “no specific targeted risk”.

More on Primary vs. Secondary Risk Behavior: A single intervention may address more than one exposure risk population. If more than one exposure risk is addressed, a distinction between the primary and secondary risk populations may be necessary. Consider if one population is the major focus of the intervention. For example, an intervention serving female sex partners of male IDUs and *focusing on their sexual behaviors* may also provide some needle-related prevention services to their IDU partners. In this case, heterosexual would be the primary risk population and IDU would be the secondary population.

Population targets: In this section, please check the specific identity-based population your intervention is targeted to in addressing prevention issues. If the curriculum of the intervention does not specifically target a population, please check “general population”. This would include interventions that are aimed at enhancing awareness of HIV transmission modes and prevention, supporting prevention-enhancing social norms, and providing information or education.

Primary Objective: [2b, 2c and 2d only] For this item, please check **only one** objective. Many interventions will address multiple objectives, but we ask you to pick what you consider to be the primary objective of the intervention, or what you believe the intervention will influence or impact with its participants. For example, a single session presentation or lecture may cover a wide range of issues and it is hoped that a number of participants will achieve multiple cognitive and behavioral outcomes. However, the majority of the participants know little about HIV and AIDS, therefore it is likely that your intervention will only increase the awareness of HIV and AIDS – that you will not significantly change behaviors. In choosing the primary objective, be realistic and think about what you would be willing to judge the staff’s performance and the overall quality of the intervention based on a participant outcome study.

Estimated number of clients to be served: [ALL] This section asks that you estimate the number of individuals to be served by three categories: gender, age and race. This is only an estimate. Please make your best attempt to distribute the number of participants across these categories. At minimum, you will need to estimate gender, racial and ethnic distribution. The shaded cells at the bottom right show where these required estimates are to be recorded. The bottom right-hand cell should reflect the total number of people you will serve through this intervention across the year.

The Centers for Disease Control and Prevention have provided the following definitions of race/ethnicity categories to be used in estimations.

- **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Hispanic or Latino is an ethnicity, not a race. Persons of Hispanic or Latino ethnicity may be of any race. Using the total number of people estimated in the race/age/gender table above, please estimate the distribution of these individuals that are Hispanic/Latino or Non-Hispanic. Hispanic/Latino(a) is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Total number of individuals is requested for both race and ethnicity sections. These numbers should match! If your intervention specifically is targeted to a race/ethnic/age/gender population this should be reflected in your estimated distribution across these categories. If you have historical data to use as a baseline, please try to complete estimates for all categories. If you cannot estimate across categories, please complete the total column only.

INSTRUCTIONS FOR COMPLETING THE QUARTERLY INTERVENTION REPORT

Quarterly Intervention Report: asks for a summary of the HIV prevention programs that were implemented under a specific grant.

The Quarterly Intervention Report consists of five forms (Intervention List Sheet and four variations of the reporting form) **plus your narrative report** on attainment of objectives, implementation barriers, strategies to overcome barriers and other related activities. The forms should reflect the interventions you submitted in your annual plan.

The first form includes a checklist of the interventions that are included in the report. **This should reflect all of the interventions noted in your plan!**

Following is an item description for each form in the quarterly report.

Agency Name: Record your agency's name in the top left corner of the Quarterly Intervention Report form. This name should be the same as listed on the Intervention Plan submitted under this grant program.

Dates Covered: Check the box that reflects the time period for the activities reported in this submission. This date should cover the quarterly reporting period.

Grant Program: Check the grant program under which you received funding for the interventions listed on the Quarterly Intervention Report. This should be the name that VDH noted on their Request for Proposals or letter of continuation and you recorded on your Intervention Plan.

Agency Type: Select from the options the **one** agency type that best identifies your agency. If none of the options seems appropriate, please check "Other" and write in what phrase best describes the agency. This name should be the same as listed on the Intervention Plan submitted under this grant program.

Intervention(s): Using your Intervention Plan, which was submitted earlier as your reference, please check those that you have implemented during the quarter. If a planned intervention has not been implemented, please enter a zero (0) do not leave it blank as your contract monitor will not know if you missed this item and will need to contact you for clarification. *[note: Requests for changes in work plans must be submitted in writing to VDH. Revised or new Intervention Plans should be submitted along with your request.]* Please record the number of *different* interventions that you implemented during the quarter in the right-hand column.

A separate Quarterly Intervention Report of activities is expected for each intervention. The total number of interventions that you list in the right-hand column of this sheet will correspond with the number of Intervention Reports of activities that you must complete and package with this submission.

There are four variations of the Quarterly Intervention Report forms, one for each category of interventions. These are as follows:

Quarterly Intervention Report: Counseling and Testing
Quarterly Intervention Report: Health Education/Risk Reduction
Quarterly Intervention Report: Outreach
Quarterly Intervention Report: Health Communication/Public Information

The definitions for the items on each of four versions of the Quarterly Intervention Report forms are similar to the definitions noted in the **Intervention Plan** section, with the report indicating the **actual** intervention numbers.

PLEASE NOTE – THE INFORMATION REPORTED IN YOUR QUARTERLY INTERVENTION REPORT SHOULD BE ACCURATE AND SOURCE DOCUMENTS, SUCH AS PARTICIPANT FORMS, STAFF LOGS, FORMAL RISK ASSESSMENTS, EVALUATION FORMS, ETC. SHOULD BE AVAILABLE FOR REVIEW BY YOUR CONTRACT MONITOR.

Quarterly Intervention Report: Counseling and Testing

Dates: Please record the date for this quarterly reporting period.

Agency Name: Please record your agency's name in the top left corner of this form. This name should be the same as the agency name reported on the first page of the Quarterly Intervention Report form.

Intervention Name: This should be the name your agency uses when discussing the intervention. This should be the name you use in your reports and in discussions regarding the intervention.

Type of Intervention: This should be the type of intervention implemented this quarter. This should be reflective of the intervention type noted on page one of the quarterly reporting form.

Target Population: This should be the target population identified in your annual workplan.

Process Objective: This number should correlate with the process objective as numbered in your work plan for this target population.

Contact Information: In this section list the total number of participants reached (numbers should include both targeted and reached population) through your intervention this quarter. Then specify how many individuals were HIV-infected, Pre-test counseled, Tested and Post-test counseled. If none, please record a 0 (zero) – do not leave blank, as your contract monitor will not know if you missed this item and will need to contact you for clarification.

Testing Information: Provide the number of participants who were given blood test or alternate test such as Orasure. This number should equal the number reported in the first column in the "Tested" item. Of those tested, please report the number of persons who were tested for the first time.

Setting: Check the **primary** site(s) in which this intervention was conducted. You should check all that apply.

Number of participants that: These numbers should reflect **all** participants both targeted and reached.

Risk Behavior(s): In this section, please provide the number of participants under each risk population(s). The risk categories reflect the routes of potential exposure to HIV that correspond to particular risk behaviors.

Population(s) represented: In this section, please provide the number of participants under each population represented in this prevention intervention.

Note: *Not all interventions will have specific risk and/or population*

Targets. *For these, please check “No specific risk assessed or no specific populations”.*

This would include interventions that are aimed at enhancing awareness of HIV transmission modes and prevention, supporting prevention-enhancing social norms, and providing information or education.

Number of clients served: This section asks that you provide the number of individuals served by three categories: gender, age and race. Please make your best attempt to distribute the number of participants across these categories. The bottom right-hand cell should reflect the total number of people you served through this intervention across the quarterly reporting period. This number should match the number recorded in the **Contact Information** section of this reporting form.

The Centers for Disease Control and Prevention have provided the following definitions of race/ethnicity categories to be used in estimations.

- **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Quarterly Intervention Report: Health Education / Risk Reduction

Dates: Please record the date for this quarterly reporting period

Agency Name: Please record your agency's name in the top left corner of this form. This name should be the same as the agency name reported on the first page of the Quarterly Intervention Report form.

Intervention Name: This should be the name your agency uses when discussing the intervention. This should be the name that you use in your reports and in discussions regarding the intervention.

Type of Intervention: This should be the type of intervention implemented this quarter. This should be reflective of type intervention noted on page one of the quarterly reporting form.

Target Population: This should be the target population identified in your annual workplan.

Process Objective: This number should correlate with the process objective as numbered in your work plan for this targeted population.

Setting: Check the **primary** site(s) in which this intervention was conducted. You should check all that apply.

Contact Information: Please provide the total number of participants who received your HIV prevention education services this quarter. If this intervention offered multiple sessions, please provide the average number of sessions attended by each participant. Note the number of times this intervention was conducted during this quarter. **Please note that if you have multiple sessions your total number should include all participants who attended at least one session.**

Number of Participants that: These numbers should reflect all participants both targeted and reached.

Risk Behavior(s) : In this section, please provide the number of participants under each risk population(s). The risk categories reflect the routes of potential exposure to HIV that correspond to particular risk behaviors.

Population(s) represented : In this section, please provide the number of participants under each population represented in this prevention intervention.

Evaluation Information: This section asks that you provide information on evaluation efforts and/or risk assessments. Please check the appropriate box, if participant evaluation forms or risk assessment forms were collected. If collected provide the number of evaluation forms or risk assessment forms received from program participants for this quarter.

Number of clients served: This section asks that you provide the number of individuals served by three categories: gender, age and race. Please make your best attempt to distribute the number of participants across these categories. The bottom right-hand cell should reflect the total number of people you served through this intervention across the quarterly reporting period. This number should match the number recorded in the **Contact Information** section of this reporting form.

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- **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Quarterly Intervention Report: Outreach

Dates: Please record the date for this quarterly reporting period

Agency Name: Please record your agency's name in the top left corner of this form. This name should be the same as the agency name reported on the first page of the Quarterly Intervention Report form.

Intervention Name: This should be the name your agency uses when discussing the intervention. This should be the name that you use in your reports and in discussions regarding the intervention.

Type of Intervention: This should be the type of intervention implemented this quarter. This should be reflective of type intervention noted on page one of the quarterly reporting form.

Target Population: This should be the target population identified in your annual workplan.

Process Objective: This number should correlate with the process objective as numbered in your work plan for this targeted population.

Setting: Check the **primary** site(s) in which this intervention was conducted. You should check all that apply.

Contact Information: Please provide the total number of participants who received your HIV prevention education services this quarter. If this intervention offered multiple

sessions, please provide the average number of sessions attended by each participant. Note the number of times this intervention was conducted during this quarter. **Please note that if you have multiple sessions your total number should include all participants who attended at least one session. Please indicate the number of HIV risk reduction materials that were distributed during outreach and the number of clients who were either HIV positive, HIV negative or of unknown serostatus.**

Number of Participants that: These numbers should reflect all participants both targeted and reached.

Risk Behavior(s) : In this section, please provide the number of participants under each risk population(s). The risk categories reflect the routes of potential exposure to HIV that correspond to particular risk behaviors.

Population(s) represented : In this section, please provide the number of participants under each population represented in this prevention intervention.

Evaluation Information: This section asks that you provide information on evaluation efforts and/or risk assessments. Please check the appropriate box, if participant evaluation forms or risk assessment forms were collected. If collected provide the number of evaluation forms or risk assessment forms received from program participants for this quarter.

Number of clients served: This section asks that you provide the number of individuals served by three categories: gender, age and race. Please make your best attempt to distribute the number of participants across these categories. The bottom right-hand cell should reflect the total number of people you served through this intervention across the quarterly reporting period. This number should match the number recorded in the **Contact Information** section of this reporting form.

The Centers for Disease Control and Prevention have provided the following definitions of race/ethnicity categories to be used in estimations.

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- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Quarterly Intervention Report: Health Communication/Public Information

Dates: Please record the date for this quarterly reporting period

Agency Name: Please record your agency's name in the top left corner of the page. This name should be the same as the agency name reported on page one of the Quarterly Intervention Report form.

Intervention Name: This should be the name your agency uses when discussing the intervention. This should be the name that you use in your reports and in discussions regarding the intervention.

Type of Intervention: This should be the type of intervention implemented this quarter. This should be reflective of type intervention noted on page one of the quarterly reporting form.

Target Population: This should be the target population identified in your annual workplan.

Process Objective: This number should correlate with the process objective as numbered in your work plan for this target population.

Contact Information: Please indicate the number of participants or the number of hotline calls received this quarter as well as the number of times this activity was implemented during this quarter

Method(s) Employed: Check the box(es) that are appropriate for the intervention.

- Electronic media - the use of television or radio for public service announcements, news broadcasts, or paid advertising. Do not include email, Power Point, Internet or other technologies.
- Print media – the use of print materials to disseminate HIV prevention messages to a large-scale audience. These materials may include press releases, articles, direct mailings, billboards or transportation signage.
- Clearinghouse - Interactive electronic outreach systems using telephones, mail and computer technology to provide a responsive information service to the general public as well as high-risk populations.
- Hotline
- Other (Please specify)

Collaborating Partners: Interventions in this category often are conducted in partnership with others. Please note the number of partners you will work with to conduct

the intervention. If none, please record a zero.

Number of participants that: These numbers should reflect **all** participants both targeted and reached.

Risk Behavior Targets: In this section, please provide the number of participants under each risk population(s). The risk categories reflect the routes of potential exposure to HIV that correspond to particular risk behaviors.

Population targets: In this section, please provide the number of participants under each population represented in this prevention intervention.

Evaluation Information: This section ask that you provide information on evaluation efforts. Please check the appropriate box, if participant evaluation forms were collected. If collected provide the number of evaluation forms received from program participants.

Number of clients served: This section asks that you provide the number of individuals served by three categories: gender, age and race. Please make your best attempt to distribute the number of participants across these categories. The bottom right-hand cell should reflect the total number of people you have served through this intervention across this quarterly reporting period. This number should match the number reported in the **Contact Information** section of this reporting form

The Centers for Disease Control and Prevention have provided the following definitions of race/ethnicity categories to be used in estimations.

- **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Quarterly Staffing and Expenditures for HIV Interventions Report

Agency Name: Please record your agency's name in the top left corner of this form. This name should be the same as the agency name reported on the first page of the Quarterly Intervention Report form.

State/Federal Funds: Check whether these expenditures were incurred with state or federal funds. (Please use a separate form each indicating whether it was state or federal funds.)

Intervention Name: This should be the name your agency uses when discussing the intervention. This should be the name that you use in your reports and in discussions regarding the intervention.

Type of Intervention: This should be the type of intervention implemented this quarter. This should be reflective of the intervention type noted on page one of the quarterly reporting form.

Target Population: This should be the target population identified in your annual workplan.

Process Objective: This number should correlate with the process objective as numbered in your work plan for this target population.

Indicate the number of full-time equivalent staff providing the intervention and the number of volunteers utilized.

Indicate the total amount of expenditures utilized for this intervention this quarterly reporting period. (Include expenditures that are associated with the planning and administrative process for this intervention.)

Please note that this document was revised November 28, 2001. If you have any questions please contact your VDH contract monitor. He or she will provide an explanation, or will contact the SERL so that clarifications can be made, instructions updated, and materials produced clarifying the information for all contractors.

If you discover any inaccuracies in this document, please contact Madge Young at the VCU Survey and Evaluation Research Laboratory at (804) 828-8813, or by email at mhyoung@vcu.edu.